



State of Connecticut  
Department of Banking  
Consumer Credit Division  
260 Constitution Plaza, Hartford, CT 06103



**REQUEST FOR CHANGE OF SUPERVISOR IN CHARGE**  
**Consumer Collection Agency**

Form may be used to add or delete the supervisor in charge.

**Instructions:**

1. Please provide **full given name, full residential address and date of birth** of person with supervisory authority over lending or brokerage activities at the office to be licensed. First initials and P.O. Box addresses are not acceptable.
2. Please complete a **Personal and Business History Statement** form for the new person in charge.
3. Any questions, please contact Justyna Kordowska 860-240-8275 or via e-mail at [justyna.kordowska@ct.gov](mailto:justyna.kordowska@ct.gov).

**Company Name** \_\_\_\_\_ **License Number** \_\_\_\_\_

**DBA Name (if applicable)** \_\_\_\_\_

**CURRENT SUPERVISOR IN CHARGE**

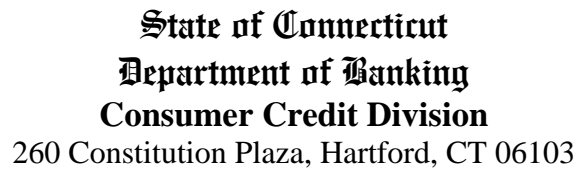
**Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Street Address (residential)** \_\_\_\_\_  
**City, State, Zip Code** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_

**PROPOSED SUPERVISOR IN CHARGE**

**Name** \_\_\_\_\_  
**Title** \_\_\_\_\_  
**Street Address (residential)** \_\_\_\_\_  
**City, State, Zip Code** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_

**Name of person completing this form** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Telephone #** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_



1. Name\_\_\_\_\_
2. Residential Address\_\_\_\_\_
3. Title or Position with Applicant\_\_\_\_\_
4. Date of Birth - Month\_\_\_\_\_Day\_\_\_\_\_Year\_\_\_\_\_
5. Place of Birth\_\_\_\_\_U.S. Citizen\_\_\_\_\_
6. Education (state fully amount of technical or professional training, if any, and where obtained).

[illegible]

- If your answer to any of the foregoing questions is "yes", explain the circumstances fully (**attach additional sheets if necessary**).

9. What experience have you had in the consumer collection agency business?

10. Are you at present a partner, officer, director or manager in any other company? \_\_\_\_\_  
If so, state name, address and position held in each.

Signed \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_ to me known and known by me to be, the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says that he/she has read, signed and knows the contents thereof, and that the alleged facts therein contained are true to his/her knowledge.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_